

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1					
5		1				
6	1					
7		1				
8						
9						
10						
11		2				
12		2				
13		3				
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50						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	34					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						